



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
2699 Park Avenue, Suite 100
Huntington, WV 25704

Earl Ray Tomblin
Governor

Michael J. Lewis, M.D., Ph. D.
Cabinet Secretary

December 15, 2010

Dear -----:

Attached is a copy of the findings of fact and conclusions of law on your hearing held October 21, 2010. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Magnetic Resonance Imaging (MRI) services.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Medicaid regulations require prior authorization on all outpatient radiological services, including MRI. The referring or treating provider must submit all pertinent information to be used for clinical justification of the services. This information must be provided, and the prior authorization granted, prior to services being rendered. (West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7)

Information submitted at your hearing revealed that the necessary information for clinical justification of MRI prior authorization was not provided, and the imaging services could not be approved.

It is the decision of the State Hearing Officer to **uphold** the action of the Department to deny prior authorization for MRI services.

Sincerely,

Todd Thornton
State Hearing Officer
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review
Amy Workman, Department Representative

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW**

-----,

Claimant,

v.

Action Number: 10-BOR-1844

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on December 15, 2010, for -----. This hearing was held in accordance with the provisions found in the Common Chapters Manual, Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was convened on October 21, 2010 on a timely appeal, filed August 25, 2010.

II. PROGRAM PURPOSE:

The 1965 Amendments to the Social Security Act established, under Title XIX, a Federal-State medical assistance program commonly known as Medicaid. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with Federal Regulations. The Bureau for Medical Services is responsible for the development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

-----, Claimant
Stacy Hanshaw, Department Representative, Bureau for Medical Services
Karen Casey, RN, West Virginia Medical Institute

Presiding at the Hearing was Todd Thornton, State Hearing Officer and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether or not the Department was correct to deny prior authorization for Magnetic Resonance Imaging (MRI) services to the Claimant.

V. APPLICABLE POLICY:

West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7
- D-2 InterQual 2010 Imaging Criteria: Magnetic Resonance Imaging (MRI), Lumbar Spine
- D-3 Medical information from [REDACTED] DO
- D-4 Denial notices dated August 18, 2010

VII. FINDINGS OF FACT:

- 1) Stacy Hanshaw, representative for the Department's Bureau for Medical Services, testified that, in response to a request (Exhibit D-3) for Magnetic Resonance Imaging (MRI) services for the Claimant, denial notices were issued on or about August 18, 2010, to the Claimant, her prescribing practitioner, and the servicing provider (Exhibit D-4). The notice explained the reason for denial as follows, in pertinent part:

InterQual Criteria Subset MRI Lumbar Spine, 211-232, was not met. The information provided did not note Pain/paresthesias/numbness worse with walking, Pain/paresthesias/numbness worse with spinal extension, Pain/paresthesias/numbness improved with forward flexion, Symptoms interfere with ADL's, Continued Sx/findings after NSAID's for equal to or greater than 3 weeks and Activity modification for equal to or greater than 6 weeks.

- 2) Karen Casey, RN, the reviewing nurse from the West Virginia Medical Institute (WVMI), testified that she received the Claimant's MRI request and reviewed the information provided with the request (Exhibit D-3) against the InterQual criteria specific to imaging requests (Exhibit D-3). She testified that she noted the Claimant went to a chiropractor three to four times per week, that the Claimant was told she had slipped discs, and that the Claimant did not want pain medications.

- 3) Ms. Casey testified that she was unable to find documentation meeting any of the InterQual criteria for an MRI of the Lumbar Spine. She testified that she considered InterQual subset 200 – suspected lumbar spinal stenosis – but was unable to get anything to meet. She noted the physician’s documentation of Motrin and Ultram prescriptions, but without duration or outcomes provided. She testified that because she could not approve the study, the request was submitted for physician review, and denied at that level. She testified that a reconsideration request had not been submitted after the denial notices were issued.
- 4) The Claimant testified regarding her medical history. She testified that other medical documentation exists, but did not dispute that the documentation was not provided with the request.
- 5) Policy from the West Virginia Bureau for Medical Services Provider Manual, Chapter 528: Radiology Services, §528.7, provides the prior authorization requirements for imaging procedures, and states, in pertinent part:

For radiology services requiring prior authorization for medical necessity by the Utilization Management Contractor (UMC), the referring/treating provider must submit the appropriate CPT code with clinical documentation and any other pertinent information to be used for clinical justification of services by the UMC. The information must be provided to the UMC, and the prior authorization granted, prior to services being rendered. Prior authorization requests for radiological services must be submitted within the timeframe required by the UMC.

VIII. CONCLUSION OF LAW:

- 1) Policy provides that prior authorization is required for the proposed imaging services, and that documentation must be provided for prior authorization approval. Testimony and evidence clearly showed that the Claimant’s MRI request did not include sufficient information to meet the clinical indications for the services. The Department was correct in its decision to deny prior authorization for MRI services.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department’s denial of prior authorization for Magnetic Resonance Imaging services for the Claimant.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this _____ Day of December, 2010.

**Todd Thornton
State Hearing Officer**